



## **YOUTH CASE FIELD FILE AUDIT**

Officer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Youth's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ County of Commitment: \_\_\_\_\_

Meets Standards				
Yes	No	N/A		Comments
			1.1	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Commitment Date:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Release Date:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discharge Date:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Status: <input type="checkbox"/> Secure Care <input type="checkbox"/> Direct Supervision <input type="checkbox"/> Indirect Supervision	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Description / Photo Sheet:	
			1.2	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special Conditions	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parole Orientation Checklist	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parole Agreement (signed and dated):	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intervention Agreement	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sex/Violent Offender Registration Form(s)	
			1.4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Letters to Parents, as needed	
			1.5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Offender Contact per Supervision Level / Verification by Chronological Entries	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Offender File Perpetual Record Present	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronos - Up to date	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client Contact Verification Current	
			2.1	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initial Parole YLS/CMI Assessment Done within 30 days of Release	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supervision Level: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-month Reassessment Completed	
			2.2	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Field Investigation	
			2.3	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel Permit	
			2.4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Progress Review Report / Parole Officer Summary	

Meets Standards				
Yes	No	N/A		Comments
			4.1	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Court Order	
			4.2	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violations: <input type="checkbox"/> Technical <input type="checkbox"/> New Crimes <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
			Action Taken:	
			4.3	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restitution / Fees: Payments Made	
			General	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	File Organization	

General Comments:

\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

*Original to Supervisor File  
Copy to Supervising Officer and YCC Bureau Chief*